

STATE OF CALIFORNIA

NON-USPS--AGENCY COLLECTION ACCOUNTS RECEIVABLE

STD. 995A (NEW 7-94)

Complete and submit to: State Controller, PPSD - W-2 Unit

TAX YEAR COLLECTED

Remittance Advice Number      Dated

The following payments to clear Payroll Accounts Receivable have been submitted to the State Controller's Office on: \_\_\_\_\_

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First Initial, Middle Initial, Surname)	PAYMENT TYPE	PAY PERIOD OF A/R (Month/Year)	ISSUE DATE OF A/R (Month/Day/Year)	A/R NUMBER ( 5 Digits)	AMOUNT COLLECTED
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I certify that I am duly authorized by the herein named state agency to make this report and certification;  
that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE



TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM

DATE

TELEPHONE NUMBER (Include Area Code or use CALNET)

(      )

FROM (Agency Name)